



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT MERCY HOSPITAL

City of Hospital: Elwood

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5287616
Outpatient Patient Service Revenue	\$62489056
Total Gross Patient Service Revenue	\$67776672

2. Deductions From Revenue

Contractual Allowance	\$42253448
Other Deductions	\$1167554
Total Deductions	\$43421002

3. Total Operating Revenue

Net Patient Service Revenue	\$22325003
Other Operating Revenue	\$2104617
Total Operating Revenue	\$24429620

4. Operating Expenses

Salaries and Wages	\$4549403	Employee Benefits	\$1341521
Depreciation and Amortization	\$1281543	Interest Expense	\$391194
Bad Debt	\$2030668	Other Expenses	\$14757317
Total Operating Expenses	\$24351646		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2108643	Total Assets	\$17247089
Net Non-operating Gains over Loss	\$-1350	Total Liabilities	\$17262502

Total Net Gains	\$2107293
-----------------	-----------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$35449838	\$23816381	\$11633457
Medicaid	\$13351790	\$11033465	\$2318325
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18975044	\$8571156	\$10403888
Total	\$67776672	\$43421002	\$24355670

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$19540	\$21727	\$-2187

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$40438	\$-40438

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	246
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$3555614
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1095728	
HCI Payments	\$0		
Subtotal	\$0	\$1095728	\$-1095728
Medicaid Shortfalls	\$1797534	\$5435372	
Subtotal	\$1797534	\$6531100	\$-4733566
DSH Payments	\$0		
Subtotal	\$1797534	\$6531100	\$-4733566
Medicare Shortfalls	\$11454304	\$10924521	
Other Government Programs	\$0	\$0	
Total	\$13251838	\$17455621	\$-4203783

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$34419	\$-34419
Community Assessment	\$0	\$10019	\$-10019
Provision of Taxes	\$0	\$1320772	\$-1320772
Other Allocations	\$0	\$0	\$0

Comments

//